

Accreditation Report – Northeastern Mental Health Center

Date of Review: June 9-10, 2021

Substance Use Disorder Score: 94.3%

Mental Health Score: 90.4%

REVIEW PROCESS:

Northeastern Mental Health Center (NEMHC) was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on June 9-10, 2021. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Compliance
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall cumulative score. As of June 1, 2021, reviews of mental health services and substance use disorder services have been separated, resulting in two separate scores. The separation is reflected on this report.

AGENCY SUMMARY:

Northeastern Mental Health Center is a non-profit Substance Use Disorder and Mental Health agency located in Aberdeen, S.D. The agency is seeking to renew accreditation for outpatient substance use disorder services (SUD), outpatient mental health services, children youth and family (CYF), Individualized Mobile Program of Assertive Community Treatment (IMPACT), and Comprehensive Assistance with Recovery and Empowerment (CARE).

Susan Kornder is the current director of Northeastern Mental Health Center. According to their website, NEMHC is “a community treatment center dedicated to the health, wellness and recovery of those with mental health and substance use disorders”. Their website also states, “we approach mental healthcare with hope, purpose and optimism – one person at a time”.

Northeastern Mental Health Center covers a large area including 10 counties in South Dakota.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review. However, the information obtained in the interviews is used for quality improvement of the agency.

Office of Licensing and Accreditation interviewed three clients. No concerns were noted. The clients spoke highly of NEMHC. One client stated she would likely still be using illegal substances if not for her counselor at NEMHC. Another client stated NEMHC is always easy to contact and is flexible.

Agency staff expressed that NEMHC feels like a family and there is an unspoken open-door policy between clinicians and supervisors. Staff also reports that training and job shadowing is sufficient for new employees.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review. However, the information obtained in the survey results is used for quality improvement of the agency.

Stakeholder results were sent out and collected over the past three years. Northeastern Mental Health Care had a total of 31 responses. There was one concern regarding court services not receiving information regarding clients. There were no other concerns.

AREAS OF COMPLIANCE FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following areas were identified as areas the agency demonstrated compliance to administrative rules regarding SUD services.

1. According to ARSD 67:61:07:05 an addiction counselor or addiction counselor trainee shall meet with the client and the client's family if

appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and include the following:

- Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable
- Presenting problems or issues that indicate a need for services
- Identification of readiness for change for problem areas, including motivation and supports for making such changes
- Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization
- Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history
- Family and relationship issues along with social needs
- Educational history and needs
- Legal issues
- Living environment or housing
- Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal
- Past or current indications of trauma, domestic violence, or both if applicable
- Vocational and financial history and needs
- Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present
- Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening
- Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable
- Clinician's signature, credentials, and date; and

- Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis

All SUD files reviewed had had integrated assessments completed within 30 days of intake, with all required components included.

2. According to ARSD 67:61:07:08, all programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided.

All SUD files reviewed had a minimum of one progress note documented per week.

AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following area is identified as areas that the agency is recommended to review and ensure that the area is corrected. The areas identified met minimum standards which do not require a plan of correction at this time, however if they continue to be found out of compliance on the next accreditation review, could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:07:10 an addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in place to ensure that a transfer or discharge is completed in the MIS.

When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.

Eight out of eight SUD files reviewed did not have a transfer or discharge summary completed within five working days of discharge. Additionally, on all eight files, the discharge date was listed as the date of last contact with the client. The discharge date should be later, after the addiction counselor or addiction counselor trainee has made attempts to re-engage with the client.

The agency has 30 days after the date of last contact to discharge a client, then five days after discharge to complete a discharge summary.

Northeastern uses a data collection and reporting system called STARS. There is a federal requirement that dictates the discharge date of each respective client entered in STARS be the last billable date of service. This discharge date requirement was communicated to Northeastern Mental Health in the past. However, if the discharge date in the client file is also the last billable date of service, it is impossible to meet the requirements of 67:61:07:05. In order to be in compliance with both South Dakota Administrative Rule and the federal STARS requirement, Northeastern Mental Health will need to have two distinct discharge dates; one date for STARS, and a different date in the client file, after reasonable attempts have been made to re-engage the client.

Due to this misunderstanding between the Department of Social Services and Northeastern Mental Health, the above area of non-compliance is a recommendation rather than an area requiring a plan of correction.

2. According to 67:61:07:06, an individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program.

One chart out of five did not have a treatment plan completed within 30 days of admission.

AREAS REQUIRED FOR PLANS OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following areas will require a plan of correction to address the rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of the rule.

1. According to ARSD 67:61:07:06, an addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient

treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record and includes:

- A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence
- A diagnostic statement and a statement of short- and long-term goals including:
 - Time frames for the anticipated dates of achievement or completion of each objective.
 - Specification and description of the indicators to be used to assess progress.
 - Referrals for needed services that are not provided directly by the agency.
 - Include interventions that match the client's readiness for change for identified issues.
- A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

Four out of five applicable SUD files did not have a statement of specific client problems to be addressed during treatment with supporting evidence.

2. According to ARSD 67:61:05:01 Tuberculin screening requirements for employees are as follows:

- Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern, or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required documentation is provided of a previous positive reaction to either test;
- A new staff member, intern or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;

- Each staff member, intern, and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician's assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of Mycobacterium tuberculosis. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and
- Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.

Two out of two applicable personnel files did not have documentation of the second step of the two-step tuberculin test within 14 days.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: Northeastern Mental Health Center was last reviewed by the South Dakota Department of Social Services, Office of Licensing and Accreditation on April 24-26, 2018. There was one plan of correction regarding Substance Use Disorder services during the 2018 review. That plan of correction had been corrected by the 2021 review.

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

Administrative Review Score: 92.6%

Combined Client Chart Review Score: 94.4%%

Cumulative Score: 94.0%

x	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)

AREAS OF COMPLIANCE FOR MENTAL HEALTH SERVICES:

Description: The following areas were identified as areas the agency demonstrated compliance to administrative rules regarding Mental Health services:

1. According to ARSD 67:62:08:12 progress notes shall be included in the client's file and shall substantiate all services provided. Individual progress notes shall document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems. Progress notes shall also include attention to any co-occurring disorder as they relate to the client's mental disorder. A progress note shall be included in the file for each billable service provided. Progress notes shall include the following for the services to be billed:
 - Information identifying the client receiving services, including name and unique identification number.
 - The date, location, time met, units of service of the counseling session, and the duration of the session.
 - The service activity code or title describing the service code or both.
 - A brief assessment of the client's functioning.
 - A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues to achieve identified treatment goals or objectives.
 - A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable.
 - The signature and credentials of the staff providing the service.

In all 25 applicable mental health files reviewed, progress notes were included with all necessary requirements.

AREAS OF RECOMMENDATION FOR MENTAL HEALTH SERVICES:

Description: The following areas are identified as areas that the agency is recommended to review and ensure that the area is corrected. The areas identified met minimum standards which do not require a plan of correction at this time, however if they continue to be found out of compliance on the next accreditation review, could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:62:08:14, a transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS.

Four out of eight applicable outpatient mental health files and five out of five applicable CARE files did not have a transfer or discharge summary completed within five working days of discontinuation or termination of services.

Two out of four applicable outpatient mental health files and five out of five applicable CARE files did not have documentation of reasonable attempts to re-engage the client.

Additionally, on all applicable files, the discharge date was listed as the date of last contact with the client. The discharge date should be later, after the addiction counselor or addiction counselor trainee has made attempts to re-engage with the client. The agency has six months after the date of last contact to discharge a client, then five days after discharge to complete a discharge summary.

Northeastern uses a data collection and reporting system called STARS. There is a federal requirement that dictates the discharge date of each respective client entered in STARS be the last billable date of service. This discharge date requirement was communicated to Northeastern Mental Health in the past. However, if the discharge date in the client file is also the last billable date of service, it is impossible to meet the requirements of 67:61:07:05. In order to be in compliance with both South Dakota Administrative Rule and the federal STARS requirement, Northeastern Mental Health will need to have two distinct discharge dates; one date for STARS, and a different date in the client file, after reasonable attempts have been made to re-engage the client.

Due to this misunderstanding between the Department of Social Services and Northeastern Mental Health, the above area of non-

compliance is a recommendation rather than an area requiring a plan of correction.

AREAS REQUIRED FOR PLANS OF CORRECTION FOR MENTAL HEALTH SERVICES:

Description: The following areas will require a plan of correction to address the rule of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of the rule.

1. According to ARSD 67:62:08:05 a mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following components:
 - Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable
 - Presenting problems or issues that indicate a need for mental health services.
 - Identification of readiness for change for problem areas, including motivation and supports for making such changes.
 - Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization.
 - Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history.
 - Family and relationship issues along with social needs.
 - Educational history and needs
 - Legal issues
 - Living environment or housing
 - Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal.
 - Past or current indications of trauma or domestic violence or both if applicable.
 - Vocational and financial history and needs.

- Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present.
- Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder or gambling issues or a combination of these based on integrated screening.
- Eligibility determination for SMI or SED for mental health services or level of care determination for substance use services, or both if applicable.
- Clinician's signature, credentials, and date; and
- Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or the formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

Assessments were missing the following requirements:

- *Four out of five applicable CYF files and four out of six applicable CARE files were missing documentation of legal issues;*
- *Four out of eight applicable CYF files, four out of seven applicable outpatient mental health files, and two out of six applicable CARE files were missing documentation of past or current indications of trauma or domestic violence; and*
- *Four out of eight applicable CYF files and two out of six applicable CARE files were missing documentation of behavioral observations or mental status.*

If a requirement does not apply to a client, it must be documented in the assessment that it does not apply.

2. According to ARSD 67:62:08:05 a mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake.

Six out of eight applicable CYF files, three out of six applicable CARE files, and two out of seven applicable outpatient mental health files did not have an integrated assessment completed within 30 days of intake.

3. According to ARSD 67:62:08:07 an initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:62:01:01(8).

Six out of eight applicable CYF files, three out of six applicable CARE files, and two out of seven applicable outpatient mental health files did not have an initial treatment plan completed within 30 days of intake.

4. According to ARSD 67:62:08:08 treatment plans shall be reviewed in at least six-month intervals and updated if needed. Treatment plan reviews shall include a written review of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for the continued need for mental health services. Treatment plan reviews may be documented in the progress notes or other clinical documentation; however, any changes in the client's treatment plan goals or objectives shall be documented in the treatment plan. Treatment plan reviews shall include the mental health staff's signature, credentials, and date.

Three out of four applicable CYF files, three out of five applicable CARE files, and one out of five applicable outpatient mental health files did not have six-month treatment plan reviews completed.

MENTAL HEALTH ACCREDITATION RESULTS:

Administrative Review Score: 100%

Combined Client Chart Review Score: 89.9%

Cumulative Score: 90.4%

x	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)